UNITED STATES COURT OF APPEALS FOR THE FIRST DISTRICT

) .	
United States of America)	
)	
v.	j ,	CRIMINAL NO.: 05-10120-NG
)	
Yohan A. Germosen)	
	<u>_</u>	

DEFENDANT'S MOTION FOR FINDING OF INDIGENCY AND APPOINTMENT OF COUNSEL

Now comes the defendant Yohan A. Germosen and moves this Honorable Court to find him indigent and appoint appellate counsel for him.

In support thereof, the defendant states that:

- 1. The United States of America recently filed an appeal in the United States of Court of Appeals. See, Appeal No.: 07-1272;
- 2. The defendant is believed to be indigent and without funds necessary to retain private counsel; and
- 3. The defendant needs an attorney to represent him in the appeal.

A redacted copy of an Affidavit entitled, "Affidavit to Accompany Motion For Leave to Appeal in Forma Pauperis," from the defendant in support of this motion is attached hereto. (An unredacted copy of the said Affidavit will be forwarded to this Court under separate cover, by first-class mail, postage prepaid, along with a motion to seal the unredacted version).

For all of the foregoing reasons, the defendant Yohan A. Germosen respectfully requests that this Court allow this motion.

> FOR THE DEFENDANT, YOHAN A. GERMOSEN

By his attorneys:

nn H. Molloy, BBO # 600778 Sean F. Donahue, BBO # 558058

385 Broadway, Suite 402

Revere, MA 02151

Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis

District Court No.	05CR10120 NG	;
Appeal No	07-1272	

United States,

Appellant

Yohan A. Germosen,

Appellee

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: March 13, 2007

My issues on appeal are: The United States filed the appeal.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

income source	the past 12 months			a next month
Employment	You \$0	Spouse * \$	You \$0-	Spouse* \$
Self-employment	\$	\$	\$	\$ <u>-0-</u>
Income from real property (such as rental income)	\$0	\$	\$0	\$
Interest and dividends	\$0	\$	\$	\$ <u>-0-</u>

I am not married.

Income source	Average monthly the past 12 mont	y amount during ths	Amount expected	d next month
Gifts	You \$0-	Spouse \$0	You \$0	Spouse \$0
Alimony	<u>\$</u>	\$ <u>0-</u>	\$0-	<u>\$0-</u>
Child support	<u>s -0-</u>	\$	\$0-	\$0
Retirement (such as social security, pensions, annuities insurance	\$	\$	\$	<u>\$0-</u>
Disability (such as social security, insurance paymen	s0- ts)	s <u>-0-</u>	s0-	s <u>-o-</u>
Unemployment payments	s <u>-0-</u>	s <u>-0-</u>	\$0-	<u>s0-</u>
Public-assistance (such as welfare)	s <u>-0-</u>	s	s0-	\$
Other (specify):0-	\$0	\$	\$	\$ <u></u>
Total Monthly income:	s	\$	s	\$
2. List your employment his other deductions)	story, most recent e	mployer first. (Gros	ss monthly pay is b	efore taxes or
Employer A	ddress	Dates of Empl	oyment Gross n	nonthly pay
<u> </u>)
		· ·		
3. List your spouses's emplo taxes or other deductions)	oyment history, mo	st recent employer fi	irst. (Gross month	ly pay is before
Employer A	ddress	Dates of Empl	oyment Gross n	onthly pay

institution. Financial Institution	Type	e of Account	Amount von	have Amount vo	ur spouse has
nk of America			-		-
nk of America	Che	ings cking	$\sqrt[3]{-06}$.	en en 1	
			©	<u> </u>	
			J		
If you are a prisoner, officer showing all recinstitutional accounts multiple institutions, a	ceipts, exp . If you h	penditures, and ba ave multiple acco	llances durii unts, perhap	ng the last six mon os because you hav	ths in your
5. List the assets, and the household furnishings.	eir values,	which you or your sp	oouse owns. I	Do not list clothing ar	nd ordinary
Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	
				Model: Value Registration#:	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year:					
Model:					
Registration#:					
(G					
6. State every person, but Person owing you or you		-	· -	•	
Person owing you or ye	our	Amount owed to y	ou	Amount owed to y	our spouse
spouse money					
spouse money					
spouse money				**************************************	
7. State the persons who	rely on you	ı or your spouse for .	support.		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented for mobile home) Are any real estate taxes included? Yes No Is property insurance included? Yes No	You \$ <u>-0-</u>	Spouse \$0-
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$0-	\$
Home maintenance (repairs and upkeep)	\$0	\$
Food	\$ 200	\$
Clothing	\$0	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	<u>so</u>	\$
Transportation (not including motor vehicle payments)	<u>\$20</u>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in Mortgage payments)	\$	\$
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$ <u>100</u>	\$
Other:	\$_ 	\$ <u>-0-</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$	\$ <u>-0</u>
Installment payments	\$	\$
Motor Vehicle	\$	\$ <u>-0</u>
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$

Alimony, maintenance, and support paid to others		\$ <u>800°~</u>	\$	
Regular expenses for op or farm (attach detail	perations of business, profession, ed statement)	\$	\$	
Other (specify):	-0-	<u>\$0-</u>	\$ <u> </u>	
:	: Total monthly expenses:	<u>\$_1,200</u>	\$	
9. Do you expect any moduring the next 12 mont	ajor changes to your monthly incom hs?	ie or expenses in you	r assets or liabilities	
□ Yes 및 No	If yes, describe on	an attached sheet.		
If yes, how much? \$	oletion of this form? □ Yes No		- -	
typist) any money for set □ Yes No	r will you be paying — anyone other			
If yes, how much? \$				
If yes, state the person's	name, address, and telephone numb	er:		
			_	
			_	
12.Provide any other infappeal.	formation that will help explain why	you cannot pay the	docket fees for your	

13.State the address of your	r legal residence.	
Your daytime phone number	r: (₇₈₁)	
	Your years of schooling:	14 2220

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on March 16, 2007, I forwarded a copy of the *Defendant's Motion For Finding of Indigency and Appointment of Counsel*, along with a redacted copy of an affidavit entitled, "Affidavit to Accompany Motion For Leave to Appeal In Forma Pauperis," and a copy of *a Motion To Withdraw* to the defendant, Yohan A. Germosen, by first class mail, postage prepaid, at his last and usual place of abode.

I further certify that I have on March 16, 2007, I also forwarded a copy of the said documents by electronic filing upon AUSA Lisa Asiaf, of the United States Attorney's Office.

John H Molloy